

Transfer of Power back to the Property Owner Agreement

	Date of Transfer:		
	Type of Business:		Industrial
	Last type of Business us	sed in this building:	
	Address of Business:		
	Tax Record Number:		Zoning:
	Property Owner:		
	Mailing Addrocc		
	Phone Number:		
l,		, property owner of	,hereby state
	(Name)		(Address)
that th	e purpose for the power t	to be transferred back in my	name is for
	*******	********	*****
		•	his building until I have made nd Fire Codes. A Coordination
form m	oust be filled out.		
Proper	ty Owner Signature:		
Date:			